

**DIVISIÓN SERVICIOS PARA PERSONAS CON IMPEDIMENTOS AL DESARROLLO**  
**ACTUALIZACIÓN DE LA BASE DE DATOS DE**  
**INSCRIPCIÓN PARA LA EXENCIÓN DE HCBS**  
**HCBS WAIVER ENROLLMENT DATABASE UPDATE**

PARA:

Representante legal

Su solicitud de inscripción para la exención ingresó a la base de datos estatal de exenciones de Servicios Basados en el Hogar y la Comunidad (HCBS) de DDD el \_\_\_\_\_. En este momento, se identificó que usted satisface los requisitos para poblaciones de prioridad y necesita un nivel de cuidado ICF/MR.

DDD debe reevaluar anualmente las solicitudes de inscripción para la exención. Si desea permanecer en la base de datos, sírvase seleccionar la afirmación que mejor refleje su situación actual. Se incluyó un sobre con el domicilio preimpreso y franqueo pagado para su conveniencia.

- Me gustaría que mi nombre permanezca en la base de datos de inscripción para la exención.
- Mi situación y condición permanecen igual que el año pasado.
- Los siguientes cambios ocurrieron en mi situación o condición:

**Debe contactar a DDD o enviar este formulario completo antes del \_\_\_\_\_ . Si no tenemos noticias suyas, se retirará su nombre de la base de datos.**

- No deseo permanecer en la base de datos de solicitud de inscripción para la exención.

**Si tiene preguntas, puede comunicarse con su Administrador de Recursos del Caso o con Denise Dansereau al (360) 725-3426.**

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FIRMA DEL CLIENTE

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FECHA

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FIRMA DEL REPRESENTANTE LEGAL

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FECHA

Cc: Expediente del cliente

Adjuntos: Folleto de Exención para HCBS de DDD

## **FREQUENTLY ASKED QUESTIONS**

### **When is this form used?**

This form is used to notify individuals they need to renew their waiver enrollment request..

### **Who will be sending this notice?**

Headquarters will send this notice to the client and their NSA contact on the 10<sup>th</sup> month of their original enrollment to the database.

### **When will the individual's name be removed from the database if they do not respond to the letter?**

The individual's name will be removed on the last day of the 12<sup>th</sup> month from the date of placement on the database.

### **What if their notice goes out late?**

Notices sent out late will provide the individual with the same time frame for response as those letters sent out at 10 months.

### **How can the individual notify DDD of their desire to remain on the waiver enrollment database?**

The letter will include a return envelope. The individual can sign and date this letter and return it directly to Headquarters. The individual may also contact their Case Resource Manager directly.

### **What if they telephone in their request to renew their waiver enrollment request?**

The Case Resource Manager will submit an e-mail to the Waiver Program Manager confirming the client and/or their legal representative made a verbal request to renew their placement on the waiver enrollment database.

### **What if the situation has changed?**

Headquarters will notify CRM. The CRM must follow-up by telephone or in person and assess the change in circumstance or condition.

The contacts and information will be entered into an SER.

A new waiver enrollment request, DSHS 15-282, must be completed. Completing a Waiver Enrollment Request form requires re-determining priority population and completing a Current Support Needs Assessment.

### **How will I know if my client has been removed from the database?**

Headquarters will notify you when we remove a client name from the database.

### **What if I contact my family after they have been removed from the database and they wish to be placed back on?**

Submit the Waiver Enrollment Request form, DSHS 15-282. Completing a Waiver Enrollment Re quest form requires re-determining priority population and completing a Current Support Needs Assessment. Their original referral date will be reinstated if the request is submitted within 30 days from the date of removal from the database.